

# EXHIBIT 48

Message

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**From:** Pat Wolf [pat.wolf@gnetsofoconee.org]  
**Sent:** 9/6/2017 6:15:39 PM  
**To:** Steve Derr [Steven.Derr@sccpss.com]; whitney braddock [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user720c9dc4]  
**CC:** Nakeba Rahming [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=879d33dd936548a39333444c70241d1f-Nakeba Rahm]  
**Subject:** Consideration of Services  
**Attachments:** GNETS Confidential Student Information Packet.docx; GNETS Services FlowChart.xlsx; Guidance for GNETS Placements.docx

Whitney and Steve,  
THANKS for being here today 🙏

So, just to recap:

Nakeba wants us to take the attached documents and make sure that they are aligned with the new GNETS Rule which can be found at <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Documents/GNETS/2017-18/GNETS%20Rule%20160-4-7-.15.pdf>

After you get your draft done, please send to everyone else so that we can review/discuss/make revisions.

Whitney - Guiding Questions for Consideration  
Steve - Student Information Packet  
Pat - GNETS Services Flowchart

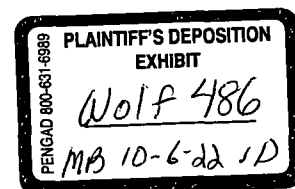
Nakeba will send out her draft of the Guidance Document. None of these forms should be shared at this time.

Our goal is to have completed drafts to review for our next scheduled Go-To meeting on Wednesday 9/20 at 1:30pm.

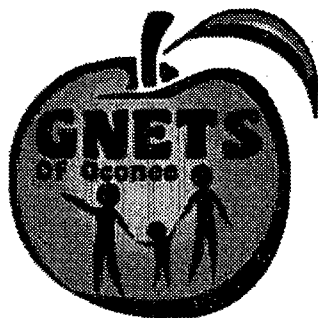
Thanks Everyone!  
Happy Wednesday and I hope Irma will be nice to everyone!  
Pat

**Pat Wolf**

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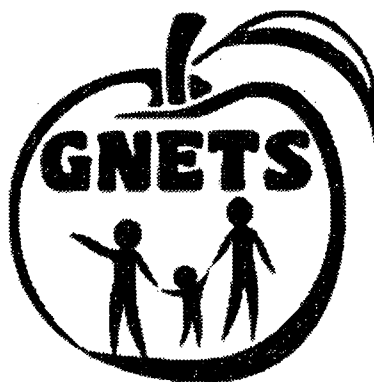
*"No matter what your ability is, effort is what ignites that ability and turns it into accomplishment."*

*— Carol S. Dweck*

*Mindset: The New Psychology Of Success*

## **CONFIDENTIALITY NOTICE:**

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*Georgia Network for Education and Therapeutic  
Support*

# **Confidential Student Information Packet**

**Please review the Guiding Questions for Consideration of  
GNETS Services as well as the GNETS Services Flow Chart  
to assist in appropriate educational planning for the student.**

**Please keep this coversheet on top of packet  
for confidentiality purposes.**

**Student Demographic Information**

Student First/Last Name	GTID	SS	DOB
System:	Homeschool	Race/Gender	Grade



## Confidential Student Information Pack

Physical Address:		City	GA Zip
Mailing Address (If Different):		City	GA Zip
Parent Name	Parent Email		
Parent Cell	Parent Work Phone	Parent Home	

**What Services would you like for GNETS of Oconee to provide?**

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**Student Current IEP Information**

Primary Disability	Secondary Disability	Annual Review Expiration Date
Is this an Emergency Placement Request? YES or NO	If Yes, what behaviors justify this Emergency Placement (Be specific about frequency, severity and duration)?	

The following documents are provided/attached to support the severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavior disorders as indicated:

- ☐ An inability to learn that cannot be explained by intellectual, sensory, or health factors
- ☐ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- ☐ Inappropriate types of behavior or feelings under normal circumstances
- ☐ A general pervasive mood of unhappiness or depression
- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems

Documents provided are:

- 1.
- 2.
- 3.
- 4.

Does this student have a medical diagnosis? YES or NO If Yes, what is the diagnosis:

Does the student take medications? YES or NO If Yes, what are the medication(s):

## Confidential Student Information Pack



Does the student have any outside therapeutic supports? (I.e. Mental Health Providers or other agencies?) List:

**Full Continuum of Special Education Services Offered:**

*GNETS is the most restrictive placement before a student would be either placed in a residential setting or placed on homebound. Please list all of the less restrictive interventions tried and list the dates of these services. It is important that the full continuum of special education services has been offered to this student:*

**Services:** \_\_\_\_\_ **Date of Initial Placement - Date Terminated:** \_\_\_\_\_

- |  |       |          |
|--|-------|----------|
| <input type="checkbox"/> Consultation                          | _____ | to _____ |
| <input type="checkbox"/> Regular Education Classroom           | _____ | to _____ |
| <input type="checkbox"/> Inclusion Classroom                   | _____ | to _____ |
| <input type="checkbox"/> SPED Resource or Pull Outs (Part Day) | _____ | to _____ |
| <input type="checkbox"/> SPED Classroom (Full Day)             | _____ | to _____ |
| <input type="checkbox"/> GNETS Consultative Services           | _____ | to _____ |
| <input type="checkbox"/> GNETS Direct Services                 | _____ | to _____ |
| <input type="checkbox"/> GNETS Part Day                        | _____ | to _____ |
| <input type="checkbox"/> GNETS Full Day                        | _____ | to _____ |
| <input type="checkbox"/> Homebound Instructional Program       | _____ | to _____ |
| <input type="checkbox"/> Residential School or Program         | _____ | to _____ |

**Student Functional Behavior Assessment and Behavior Intervention Plan**

Functional Behavior Assessment	Date:	Target Behaviors:
Behavior Intervention Plan	Date:  List other dates of BIP Reviews if modified this year:	Interventions:

**Disciplinary and Restraint Data**

**Suspensions:** Please list dates and reasons student was suspended this school year:

*Example: 8/2/16, 3 day suspension, assaulting teacher*

## Confidential Student Information Pack



Emergency Physical Restraint: Please list dates and reasons student was physically restrained this school year if any:

Please list the number of office disciplinary reports and attach to this packet.

### Academic Supports

What current evidence-based Academic Interventions are in place for student? Also indicate how often he/she gets intervention:

Please share login information and passwords for all web-based interventions students are using so that we can continue those services at GNETS:

**Please attach the following documents when you submit this information packet:**

- ☐ Current IEP
- ☐ Current psychological evaluation
- ☐ Current Eligibility Report
- ☐ Current Functional Behavior Assessment and Behavior Intervention Plan

### Required Signatures:

Referring Teacher	
Referring Principal	
Special Education Director	

**Please email, mail or fax the student info pack with all documents to:**

# **Document Produced in Native Format**





## Georgia Network for Educational and Therapeutic Supports

### Guiding Questions for Consideration of GNETS Services

#### 1. Is the student currently served in Special Education?

Is the student currently being served in special education? (GNETS Programs “support the local school district’s continuum of services for students with disabilities, ages 3-21.” (taken from the GNETS Operations Manual found at [www.gadoe.org](http://www.gadoe.org)))

**YES NO**

*If the answer is “NO” than GNETS is not an appropriate consideration at this time. Staff may want to consider convening the RTI or SST team to address the next steps for this student.*

#### 2. Does this student have a Behavior Intervention Plan (BIP) based upon an appropriate Functional Behavior Assessment (FBA) in place?

- |   |     |    |
|---|-----|----|
| • Has an FBA Been completed on this student?  | YES | NO |
| • Was information from the FBA used to write the BIP?                                       | YES | NO |
| • Does the BIP appropriately address the current target behaviors of concern?               | YES | NO |
| • Is the current BIP being implemented with fidelity across all settings in the school?     | YES | NO |
| • Is there data to support BIP implementation as well as its impact on the target behavior? | YES | NO |

*If the answer to any of these questions is “NO” or “uncertain,” then the BIP should be revised (or implemented appropriately). An FBA or new FBA may also need to be considered and completed (if deemed necessary). Once the BIP is revised or determined that it needs to be implemented as written, then data on effectiveness and implementation fidelity should be kept and a meeting date should be rescheduled to review outcomes.*

#### 3. Have any Evidenced Based interventions been implemented with this student?

- |  |     |    |
|--|-----|----|
| • Have Evidence-Base Interventions (EI) been implemented with fidelity with this student?                                      | YES | NO |
| • Has data been kept on the EBI’s impact with this student?  | YES | NO |
| • Does the data clearly show that the EBI is NOT positively impacting the student’s behavior?                                  | YES | NO |
| • Have the interventions been implemented for a significant length of time to demonstrate their effectiveness or lack thereof? | YES | NO |

*If the answer to any of these questions is “no” or “uncertain,” then the team should determine an appropriate EBI to implement with this student. They should review the steps involved in the intervention and work to ensure that all members of the student’s team involved in implementing the intervention know how to implement with fidelity. A data collection procedure and method for ongoing fidelity checks should be put in place. A schedule regarding the length of time for the EBI to be implemented should be set and the team should meet to review data related to the effectiveness of the intervention at the end of that time.*

#### 4. What is/are this student’s current placement and/or circumstances?

- |  |     |    |
|--|-----|----|
| • Have all options on the special education continuum been considered and/or tried for this student? (If the answer to this question is “no” then the special education committee may want to convene to consider other placement options, segment changes, delivery models, etc. to insure the student is being served least restrictively. | YES | NO |
| • Is the most current psychological evaluation still relevant?   | YES | NO |
| • Does a new psychological evaluation need to be completed?  | YES | NO |
| • Some additional factors that might need to be discussed/explored:  |     |    |

## Guiding Questions for Consideration of GNETS Services

Page 2.

- Has the student been explicitly taught the expectations or skill steps? (We should not assume that a student has the knowledge or skills to implement appropriate behaviors - we have to teach them first). YES NO
- Has staff tried other preventative measures such as moving the child's desk in the classroom (nearer or away from the teacher or others, the door, etc.), adjusting his/her schedule, or making contact with the parent, etc? YES NO
- Are there medication issues for this child? (ie. Is he/she supposed to be taking medication but is not or are there concerns with consistency of it being administered? Are there concerns about dosages, etc? (If there are concerns in this area, school staff may want to consider having the school nurse involved to complete a behavior checklist, contact the parent, or contact the doctor's office). YES NO
- Are there skill deficits in academics that might lead to avoidance behaviors?
- If there are known skill deficits, has remediation been provided in this area for the student? YES NO
- Does the student receive a higher ratio of positive versus negative feedback from his/her teachers on a consistent basis? YES NO
- Are there changes or concerns in the home setting or has the student experienced any recent losses or trauma in their life? YES NO

*Once all of these questions have been answered, the team needs to determine whether or not there are some areas that need to be addressed prior to moving forward with the most restrictive placement of GNETS. An action plan needs to be developed in regards to the other considerations that might need to be addressed or other placement options within the school may need to be attempted.*

5. **Can the team clearly document the frequency, duration and intensity of the problem behavior so that it clearly indicates that all of the above have been attempted and documented as unsuccessful and so that the team feels that placement in the most restrictive environment of the GNETS Program is the best option in order for this student to make progress?** YES NO

- *All data should be clearly documented in the students Present Level related to all of the questions and answers contained in this document.*
- *IEP goals should be developed and/or revised to include the behaviors that necessitate placement in the GNETS Program and the data that supports the placement decision as well as the criteria that will be considered to insure that the student is served in the least restrictive educational placement.*